

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09/646924

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	/		/			
9	0		/			
10	0		/			
11	0		/			
12	0		/			
13	0		/			
14	0		/			
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47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	13	←	13	←		
TOTAL CLAIMS	17		17			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS